

AMENDED IN SENATE MAY 20, 2015

AMENDED IN SENATE APRIL 20, 2015

**SENATE BILL**

**No. 518**

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**Introduced by Senator Leno  
(Coauthor: Senator Hancock)**

February 26, 2015

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An act to amend Section 13963.1 of, and to add Sections ~~13963.2, 13963.3, and 13963.4 to~~, *13963.2 and 13963.3 to*, the Government Code, relating to victims of violent crimes.

LEGISLATIVE COUNSEL'S DIGEST

SB 518, as amended, Leno. Victims of violent crimes: trauma recovery centers.

Existing law requires the California Victim Compensation and Government Claims Board to administer a program to assist state residents to obtain compensation for their pecuniary losses suffered as a direct result of criminal acts. Payment is made under these provisions from the Restitution Fund, which is continuously appropriated to the board for these purposes. Existing law requires the California Victim Compensation and Government Claims Board to administer a program to evaluate applications and award grants to trauma recovery centers funded by moneys in the Restitution Fund.

This bill would make legislative findings and would require the board to use the evidence-based Integrated Trauma Recovery Services model developed by the Trauma Recovery Center at San Francisco General Hospital, University of California, San Francisco (UCSF TRC) when it provides grants to trauma recovery centers. This bill would also require the board, upon appropriation of funds *from the Victim Restitution Fund* by the Legislature, to enter into an interagency agreement with the

Trauma Recovery Center of the Regents of the University of California, San Francisco, to establish the UCSF TRC as the State of California's Trauma Recovery Center of Excellence (TR-COE). The agreement provided for in this bill would require the TR-COE to support the board by defining the core elements of the evidence-based practice and providing training materials, technical assistance, and ongoing consultation and programming to the board and to each center to enable the grantees to replicate the evidence-based approach.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     *SECTION 1. (a) The Legislature finds and declares all of the*  
2     *following:*  
3     *(1) Victims of violent crime may benefit from access to*  
4     *structured programs of practical and emotional support. Research*  
5     *shows that evidence-based trauma recovery approaches are more*  
6     *effective, at a lesser cost, than customary fee-for-service programs.*  
7     *State-of-the-art fee-for-service funding increasingly emphasizes*  
8     *funding best practices, established through research, that can be*  
9     *varied but have specific core elements that remain constant from*  
10    *grantee to grantee. The public benefits when government agencies*  
11    *and grantees collaborate with institutions with expertise in*  
12    *establishing and conducting evidence-based services.*  
13    *(2) The Trauma Recovery Center at San Francisco General*  
14    *Hospital, University of California, San Francisco (UCSF TRC),*  
15    *is an award-winning, nationally recognized program created in*  
16    *2001 in partnership with the California Victim Compensation and*  
17    *Government Claims Board. The UCSF TRC was established by*  
18    *the Legislature as a four-year demonstration project to develop*  
19    *and test a comprehensive model of care as an alternative to*  
20    *fee-for-service care reimbursed by victim restitution funds. It was*  
21    *designed to increase access for crime victims to these funds.*  
22    *(3) The results of this four-year demonstration project have*  
23    *established that the UCSF TRC model was both clinically effective*  
24    *and cost effective when compared to customary fee-for-service*  
25    *care. Seventy-seven percent of victims receiving trauma recovery*  
26    *center services engaged in mental health treatment, compared to*  
27    *34 percent receiving customary care. The UCSF TRC model*

1 *increased the rate by which sexual assault victims received mental*  
2 *health services from 6 percent to 71 percent, successfully linked*  
3 *53 percent to legal services, 40 percent to vocational services, and*  
4 *31 percent to safer and more permanent housing. Trauma recovery*  
5 *center services cost 34 percent less than customary care.*

6 *(b) The Legislature further finds and declares all of the*  
7 *following:*

8 *(1) Systematic training, technical assistance, and ongoing*  
9 *standardized program evaluations are needed to ensure that all*  
10 *new state-funded trauma recovery centers are evidence-based,*  
11 *accountable, and clinically effective and cost effective.*

12 *(2) By creating a Trauma Recovery Center of Excellence*  
13 *(TR-COE), it is the intent of the Legislature that these services*  
14 *will be delivered in a clinically effective and cost-effective manner,*  
15 *and that victims of crime in California will have increased access*  
16 *to needed services.*

17 **SECTION 1.**

18 **SEC. 2.** Section 13963.1 of the Government Code is amended  
19 to read:

20 13963.1. (a) The Legislature finds and declares all of the  
21 following:

22 (1) Without treatment, approximately 50 percent of people who  
23 survive a traumatic, violent injury experience lasting or extended  
24 psychological or social difficulties. Untreated psychological trauma  
25 often has severe economic consequences, including overuse of  
26 costly medical services, loss of income, failure to return to gainful  
27 employment, loss of medical insurance, and loss of stable housing.

28 (2) Victims of crime should receive timely and effective mental  
29 health treatment.

30 (3) The board shall administer a program to evaluate applications  
31 and award grants to trauma recovery centers.

32 (b) The board shall award a grant only to a trauma recovery  
33 center that meets all of the following criteria:

34 (1) The trauma recovery center demonstrates that it serves as a  
35 community resource by providing services, including, but not  
36 limited to, making presentations and providing training to law  
37 enforcement, community-based agencies, and other health care  
38 providers on the identification and effects of violent crime.

39 (2) Any other related criteria required by the board.

1 (3) The trauma recovery center uses the core elements  
2 established in Sections ~~13963.3 and 13963.4~~. *13963.2 and 13963.3*.

3 (c) It is the intent of the Legislature to provide an annual  
4 appropriation of two million dollars (\$2,000,000) per year. All  
5 grants awarded by the board shall be funded only from the  
6 Restitution Fund.

7 (d) The board may award a grant providing funding for up to a  
8 maximum period of three years. Any portion of a grant that a  
9 trauma recovery center does not use within the specified grant  
10 period shall revert to the Restitution Fund. The board may award  
11 consecutive grants to a trauma recovery center to prevent a lapse  
12 in funding. The board shall not award a trauma recovery center  
13 more than one grant for any period of time.

14 (e) The board, when considering grant applications, shall give  
15 preference to a trauma recovery center that conducts outreach to,  
16 and serves, both of the following:

17 (1) Crime victims who typically are unable to access traditional  
18 services, including, but not limited to, victims who are homeless,  
19 chronically mentally ill, of diverse ethnicity, members of immigrant  
20 and refugee groups, disabled, who have severe trauma-related  
21 symptoms or complex psychological issues, or juvenile victims,  
22 including minors who have had contact with the juvenile  
23 dependency or justice system.

24 (2) Victims of a wide range of crimes, including, but not limited  
25 to, victims of sexual assault, domestic violence, physical assault,  
26 shooting, stabbing, and vehicular assault, and family members of  
27 homicide victims.

28 (f) The trauma recovery center sites shall be selected by the  
29 board through a well-defined selection process that takes into  
30 account the rate of crime and geographic distribution to serve the  
31 greatest number of victims.

32 (g) A trauma recovery center that is awarded a grant shall do  
33 both of the following:

34 (1) Report to the board annually on how grant funds were spent,  
35 how many clients were served (counting an individual client who  
36 receives multiple services only once), units of service, staff  
37 productivity, treatment outcomes, and patient flow throughout  
38 both the clinical and evaluation components of service.

39 (2) In compliance with federal statutes and rules governing  
40 federal matching funds for victims' services, each center shall

1 submit any forms and data requested by the board to allow the  
2 board to receive the 60 percent federal matching funds for eligible  
3 victim services and allowable expenses.

4 (h) For purposes of this section, a trauma recovery center  
5 provides, including, but not limited to, all of the following  
6 resources, treatments, and recovery services to crime victims:

7 (1) Mental health services.

8 (2) Assertive community-based outreach and clinical case  
9 management.

10 (3) Coordination of care among medical and mental health care  
11 providers, law enforcement agencies, and other social services.

12 (4) Services to family members and loved ones of homicide  
13 victims.

14 (5) A multidisciplinary staff of clinicians that includes  
15 psychiatrists, psychologists, ~~and social workers.~~ *social workers,*  
16 *case managers, and peer counselors.*

17 SEC. 2. ~~Section 13963.2 is added to the Government Code, to~~  
18 ~~read:~~

19 ~~13963.2. (a) The Legislature finds and declares all of the~~  
20 ~~following:~~

21 ~~(1) Victims of violent crime may benefit from access to~~  
22 ~~structured programs of practical and emotional support. Research~~  
23 ~~shows that evidence-based trauma recovery approaches are more~~  
24 ~~effective, at a lesser cost, than customary fee-for-service programs.~~  
25 ~~State-of-the-art fee-for-service funding increasingly emphasizes~~  
26 ~~funding best practices, established through research, that can be~~  
27 ~~varied but have specific core elements that remain constant from~~  
28 ~~grantee to grantee. The public benefits when government agencies~~  
29 ~~and grantees collaborate with institutions with expertise in~~  
30 ~~establishing and conducting evidence-based services.~~

31 ~~(2) The Trauma Recovery Center at San Francisco General~~  
32 ~~Hospital, University of California, San Francisco (UCSF TRC),~~  
33 ~~is an award-winning, nationally recognized program created in~~  
34 ~~2001 in partnership with the California Victim Compensation and~~  
35 ~~Government Claims Board. The UCSF TRC was established by~~  
36 ~~the Legislature as a four-year demonstration project to develop~~  
37 ~~and test a comprehensive model of care as an alternative to~~  
38 ~~fee-for-service care reimbursed by victim restitution funds. It was~~  
39 ~~designed to increase access for crime victims to these funds.~~

1     ~~(3) The results of this four-year demonstration project have~~  
2     ~~established that the UCSF TRC model was both clinically effective~~  
3     ~~and cost effective when compared to customary fee-for-service~~  
4     ~~care. Seventy-seven percent of victims receiving trauma recovery~~  
5     ~~center services engaged in mental health treatment, compared to~~  
6     ~~34 percent receiving customary care. The UCSF TRC model~~  
7     ~~increased the rate by which sexual assault victims received mental~~  
8     ~~health services from 6 percent to 71 percent, successfully linked~~  
9     ~~53 percent to legal services, 40 percent to vocational services and~~  
10    ~~31 percent to safer and more permanent housing. Trauma recovery~~  
11    ~~center services cost 34 percent less than customary care.~~

12    ~~(b) The Legislature further finds and declares all of the~~  
13    ~~following:~~

14    ~~(1) Systematic training, technical assistance, and ongoing~~  
15    ~~standardized program evaluations are needed to ensure that all~~  
16    ~~new state-funded trauma recovery centers are evidenced based,~~  
17    ~~accountable, and clinically effective and cost effective.~~

18    ~~(2) By creating a Trauma Recovery Center of Excellence~~  
19    ~~(TR-COE), it is the intent of the Legislature that these services~~  
20    ~~will be delivered in a clinically effective and cost-effective manner,~~  
21    ~~and that victims of crime in California will have increased access~~  
22    ~~to needed services.~~

23    SEC. 3. Section ~~13963.3~~13963.2 is added to the Government  
24    Code, to read:

25    ~~13963.3.—~~

26    ~~13963.2.~~ The California Victim Compensation and Government  
27    Claims Board shall use the ~~evidenced-based~~ *evidence-based*  
28    Integrated Trauma Recovery Services (ITRS) model developed  
29    by the UCSF TRC when it selects, establishes, and implements  
30    trauma recovery centers pursuant to Section 13963.1. In replicating  
31    programs funded by the California ~~Victims~~ *Victim* Compensation  
32    and Government Claims Board, the ITRS can be modified to adapt  
33    to different populations, but it shall include the following core  
34    elements:

35    (a) Provide outreach and services to crime victims who typically  
36    are unable to access traditional services, including, but not limited  
37    to, victims who are homeless, chronically mentally ill, of diverse  
38    ethnicity, members of immigrant and refugee groups, disabled,  
39    who have severe trauma-related symptoms or complex

1 psychological issues, or juvenile victims, including minors who  
2 have had contact with the juvenile dependency or justice system.

3 (b) Victims of a wide range of crimes, including, but not limited  
4 to, victims of sexual assault, domestic violence, physical assault,  
5 shooting, stabbing, and vehicular assault, human trafficking, and  
6 family members of homicide victims.

7 (c) A structured evidence-based program of mental health and  
8 support services provided to victims of violent crimes or family  
9 members of homicide victims that includes crisis intervention,  
10 individual and group treatment, medication management, substance  
11 abuse treatment, case management, and assertive outreach. This  
12 care shall be provided in a manner that increases access to services  
13 and removes barriers to care for victims of violent crime. This  
14 includes providing services in the client's home, in the community,  
15 or other locations outside the agency.

16 (d) Staff shall include a multidisciplinary team of integrated  
17 trauma specialists that includes psychiatrists, psychologists, and  
18 social workers. The integrated trauma specialist shall be a licensed  
19 clinician, or a supervised clinician engaged in completion of the  
20 applicable licensure process. Clinical supervision and other  
21 supports are provided to staff on a weekly basis to ensure the  
22 highest quality of care and to help staff deal constructively with  
23 vicarious trauma.

24 (e) Psychotherapy and case management shall be provided by  
25 a single point of contact for the client, that is an individual trauma  
26 specialist, with support from an integrated trauma treatment team.  
27 In order to ensure the highest quality of care, the treatment team  
28 shall collaboratively develop treatment plans in order to achieve  
29 positive outcomes for clients.

30 (f) Services shall include assertive case management, including,  
31 but not limited to, a trauma specialist accompanying the client to  
32 court proceedings, medical appointments, or other community  
33 appointments as needed. Case management services shall include,  
34 but not be limited to, assisting clients file victim compensation  
35 applications, file police reports, help with obtaining safe housing  
36 and financial entitlements, linkages with medical care, assistance  
37 in return to work, liaison with other community agencies, law  
38 enforcement, and other support services as needed.

39 (g) Clients shall not be excluded from services solely on the  
40 basis of emotional or behavioral issues resulting from trauma,

1 including, but not limited to, substance abuse problems, low initial  
2 motivation, or high levels of anxiety.

3 (h) Trauma recovery services shall incorporate established  
4 evidence-based practices, including, but not limited to, motivational  
5 interviewing, harm reduction, seeking safety, cognitive behavioral  
6 therapy, dialectical behavior, and cognitive processing therapy.

7 (i) The goals of a trauma recovery center shall be to decrease  
8 psychosocial distress, minimize long-term disability, improve  
9 overall quality of life, reduce the risk of future victimization, and  
10 promote post-traumatic growth.

11 (j) In order to ensure that clients are receiving targeted and  
12 accountable services, treatment shall be provided up to 16 sessions.  
13 For those with ongoing problems and a primary focus on trauma,  
14 treatment may be extended after special consideration with the  
15 clinical supervisor. Extension beyond 32 sessions shall require  
16 approval by a clinical steering and utilization group that considers  
17 the client's progress in treatment and remaining need.

18 SEC. 4. Section ~~13963.4~~13963.3 is added to the Government  
19 Code, to read:

20 ~~13963.4.~~(a)

21 *13963.3. (a) Upon appropriation of funds from the Victim*  
22 *Restitution Fund* by the Legislature, the board shall enter into an  
23 interagency agreement with the Trauma Recovery Center of the  
24 Regents of the University of California, San Francisco, to establish  
25 the UCSF TRC as the State of California's Trauma Recovery  
26 Center of Excellence. *Excellence (TR-COE)*. This agreement shall  
27 require:

28 (1) The board to consult with the TR-COE in developing  
29 ~~language materials and criteria for grant applications—and~~  
30 ~~development of grant review criteria for grants~~ pursuant to Section  
31 13963.1.

32 (2) The TR-COE to define the core elements of the  
33 evidence-based practice.

34 (3) The board to consult with the TR-COE in the replication of  
35 the integrated trauma recovery services approach.

36 (4) The TR-COE to assist by providing training materials,  
37 technical assistance, and ongoing consultation to the board and to  
38 each center to enable the grantees to replicate the evidence-based  
39 approach.



1     (5) The TR-COE to assist in evaluation by designing~~and~~ a  
2 multisite evaluation to measure adherence to the practice and  
3 effectiveness of each center.

4     (b) This section does not apply to the University of California  
5 unless the Regents of the University of California, by appropriate  
6 resolution, make this section applicable.

O